Individual Safety Report

3484394-5-00-01

. RES. INST. USA
use by user-facilities,
and manufacturers for
)ATORY reporting

A MEDICAL PRODUCTS REPORTING PROGRAM

Page 1 of 4

Approved by FDA on 09/25/95

Mfr report # PRIUSA1999006580

UF/Dist report #

FDA Use Only

Patient information

Patient identifier	Age at time of event:	Sex	Weight
?-?	48 yr	☐ female ☒ male	UNK lbs or UNK kgs
In confidence	Date of birth: ??/???/??		

B. Adverse event or product problem

1. ☒ Adverse event and/or ☐ Product problem (e.g., defects/malfunctions)

2. Outcomes attributed to adverse event (check all that apply)
- ☒ death ??/???/?? (mm/dd/yy)
- ☐ life-threatening
- ☒ hospitalization - initial or prolonged
- ☐ disability
- ☐ congenital anomaly
- ☐ required intervention to prevent permanent impairment/damage
- ☐ other:

3. Date of event (mm/dd/yy): ??/???/??

4. Date of this report (mm/dd/yy): 11/15/99

5. Describe event or problem

Report published in 1993 Annual Report of the American Association of Poison Control Centers National Data Collection System (case 204). A 48-year-old patient (sex unspecified) died following ingestion of acetaminophen with oxycodone, and acetaminophen with codeine. Intent of ingestion is unknown. Exposure to medication was acute/chronic.

Additional Information received 11-Nov-99: A 48 year old white male was found in his home with a decreased level of consciousness. He was taken by ambulance to the emergency department where he was lavaged and given activated charcoal. Pills found in his home included: acetaminophen with oxycodone, acetaminophen with codeine #3, fluoxetine hydrochloride, methocarbamol and secobarbital sodium. Due to the history of repeated acetaminophen ingestion (Acetaminophen 4 mcg/mL), he was started on N-acetylcysteine 70 mg/kg every four hours following an initial loading dose of 140 mg/kg. By the following day arterial blood gases were: pH, 7.45; pCO2, 38 mmHg; pO2, 57 mmHg; and 02 saturation, 91%. He was

(Cont.)

6. Relevant tests/laboratory data, including dates

Chest x-ray was consistent with ARDS
(Lab data cont.)

(Cont.)

7. Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)

unknown

C. Suspect medications

1. Name (give labeled strength & mfr/labeler, if known)
#1 TYLOX(capsule) (OXYCODONE/ACETAMINOPHEN)
#2 TYLENOL W/CODEINE NO. 3(tablet) (ACETAMINOPHEN/CODEINE)

2. Dose, frequency & route used
#1 oral
#2 oral

3. Therapy dates (if unknown, give duration) from/to (or best estimate)
#1 ??/???/??
#2 ??/???/??

4. Diagnosis for use (indication)
#1 UNKNOWN
#2 UNKNOWN

5. Event abated after use stopped or dose reduced
#1 ☐ yes ☐ no ☒ doesn't apply
#2 ☐ yes ☐ no ☐ doesn't apply

6. Lot # (if known)
#1
#2

7. Exp. date (if known)
#1
#2

8. Event reappeared after reintroduction
#1 ☐ yes ☐ no ☒ doesn't apply
#2 ☐ yes ☐ no ☐ doesn't apply

9. NDC # - for product problems only (if known)

10. Concomitant medical products and therapy dates (exclude treatment of event)
No Concomitant Products Reported

NOV 2 1 1999

ADVERSE EVENT REPORTING SYSTEM

G. All manufacturers

1. Contact office - name/address (& mfring site for devices)
R.W. JOHNSON PHARM. RES. INST.
USA
DIV. OF ORTHO PHARMACEUTICAL CORP.
920 U.S. Route 202
P.O. Box 300
Raritan NJ 08869
USA
(Informing Unit)

2. Phone number: 908-704-4504

3. Report source (check all that apply)
- ☐ foreign
- ☐ study
- ☒ literature
- ☐ consumer
- ☒ health professional
- ☐ user facility
- ☐ company representative
- ☐ distributor
- ☐ other:

4. Date received by manufacturer (mm/dd/yy): 11/11/99

5. (A)NDA # 88-790
IND #
PLA #
pre-1938 ☐ yes
OTC product ☐ yes

6. If IND, protocol #

7. Type of report (check all that apply)
- ☐ 5-day ☒ 15-day
- ☐ 10-day ☐ periodic
- ☐ Initial ☒ follow-up # 1

8. Adverse event term(s)
1) ADULT RESPIRATORY STRESS SYNDROME
2) RESPIRATORY DEPRESSION
3) HEPATIC ENZYMES INCREASED
4) HALLUCINATION
5) CONFUSION

(Cont.)

9. Mfr. report number
PRIUSA1999006580

F. Initial reporter

1. Name, address & phone #
Dr. Toby Litovitz
National Capital Poison Center
Georgetown University Hospital
3800 Reservoir Road NW
Washington, DC 20007
USA

NOV 1 9 1999

2. Health professional? ☒ yes ☐ no

3. Occupation: Physician

4. Initial reporter also sent report to FDA ☐ yes ☐ no ☒ unk

3500A Facsimile

Submission of a report does not constitute an admission that medical personnel, user facility, distributor, manufacturer or product caused or contributed to the event.

Individual Safety Report [illegible] RES. INST. USA

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...ise by user-facilities,
and manufacturers for
...DATORY reporting

...MEDICAL PRODUCTS REPORTING PROGRAM

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Approved by FDA on 10/25/95

Mfr report # PRIUSA1999006580

UF/Dist report #

FDA Use Only

A. Patient information

1. Patient identifier	2. Age at time of event: or Date of birth:	3. Sex	4. Weight
In confidence		☐ female ☐ male	____ lbs or ____ kgs

B. Adverse event or product problem

1. ☐ Adverse event and/or ☐ Product problem (e.g., defects/malfunctions)

2. Outcomes attributed to adverse event (check all that apply)
- ☐ death ____ (mo/day/yr)
- ☐ life-threatening
- ☐ hospitalization - initial or prolonged
- ☐ disability
- ☐ congenital anomaly
- ☐ required intervention to prevent permanent impairment/damage
- ☐ other: ____

3. Date of event (mo/day/yr)	4. Date of this report (mo/day/yr)

5. Describe event or problem

6. Relevant tests/laboratory data, including dates

7. Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)

C. Suspect medication(s)

1. Name (give labeled strength & mfr/labeler, if known)
#3 PROZAC (FLUOXETINE HYDROCHLORIDE)
#4 SECONAL (SECOBARBITAL)

2. Dose, frequency & route used	3. Therapy dates (if unknown, give duration) (from/to (or best estimate))
#3 oral	#3 ??/???/??
#4 oral	#4 ??/???/??

4. Diagnosis for use (indication)
#3 UNKNOWN
#4 UNKNOWN

5. Event abated after use stopped or dose reduced
#3 ☐ yes ☐ no ☐ doesn't apply
#4 ☐ yes ☐ no ☐ doesn't apply

6. Lot # (if known)	7. Exp. date (if known)
#3	#3
#4	#4

8. Event reappeared after reintroduction
#3 ☐ yes ☐ no ☐ doesn't apply
#4 ☐ yes ☐ no ☐ doesn't apply

9. NDC # - for product problems only (if known)

10. Concomitant medical products and therapy dates (exclude treatment of event)

NOV 2 1 1999

ADVERSE EVENT REPORTING SYSTEM

D. All manufacturers

1. Contact office - name/address (& mfring site for devices)

2. Phone number

3. Report source (check all that apply)
- ☐ foreign
- ☐ study
- ☐ literature
- ☐ consumer
- ☐ health professional
- ☐ user facility
- ☐ company representative
- ☐ distributor
- ☐ other: ____

4. Date received by manufacturer (mo/day/yr)

5. (A)NDA # ____
IND # ____
PLA # ____
pre-1938 ☐ yes
OTC product ☐ yes

6. If IND, protocol #

7. Type of report (check all that apply)
- ☐ 5-day ☐ 15-day
- ☐ 10-day ☐ periodic
- ☐ Initial ☐ follow-up # ____

8. Adverse event term(s)

9. Mfr. report number

E. Initial reporter

1. Name, address & phone #

NOV 1 9 1999

2. Health professional?	3. Occupation	4. Initial reporter also sent report to FDA
☐ yes ☐ no		☐ yes ☐ no ☐ unk

Submission of a report does not constitute an admission that medical personnel, user facility, distributer, manufacturer or product caused or contributed to the event.

3500A Facsimile

Individual Safety Report JOHNSON PHARM. RES. INST. USA

3484394-5-00-03

or use by user-facilities,
ors and manufacturers for
NDATORY reporting

A MEDICAL PRODUCTS REPORTING PROGRAM

Page 3 of 4

Approved by FDA on 09/25/95

Mfr report # PRIUSA1999006580

UF/Dist report #

FDA Use Only

A. Patient information

1. Patient identifier	2. Age at time of event: or Date of birth:	3. Sex	4. Weight
In confidence		☐ female ☐ male	____lbs or ____kgs

B. Adverse event or product problem

1. ☐ Adverse event and/or ☐ Product problem (e.g., defects/malfunctions)

2. Outcomes attributed to adverse event (check all that apply)
- ☐ death ____ (mo/day/yr)
- ☐ life-threatening
- ☐ hospitalization - initial or prolonged
- ☐ disability
- ☐ congenital anomaly
- ☐ required intervention to prevent permanent impairment/damage
- ☐ other: ____

3. Date of event (mo/day/yr)	4. Date of this report (mo/day/yr)

5. Describe event or problem

6. Relevant tests/laboratory data, including dates

7. Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)

C. Suspect medication(s)

1. Name (give labeled strength & mfr/labeler, if known)
#5 ROBAXIN (METHOCARBAMOL)
#6

2. Dose, frequency & route used	3. Therapy dates (if unknown, give duration) (from/to (or best estimate))
#5 oral	#5 ??/???/??
#6	#6

4. Diagnosis for use (indication)	5. Event abated after use stopped or dose reduced
#5 UNKNOWN	#5 ☐ yes ☐ no ☐ doesn't apply
#6	#6 ☐ yes ☐ no ☐ doesn't apply

6. Lot # (if known)	7. Exp. date (if known)	8. Event reappeared after reintroduction
#5	#5	#5 ☐ yes ☐ no ☐ doesn't apply
#6	#6	#6 ☐ yes ☐ no ☐ doesn't apply

9. NDC # - for product problems only (if known)

10. Concomitant medical products and therapy dates (exclude treatment of event)

D. All manufacturers

1. Contact office - name/address (& registration no. for devices)

DRS

NOV 2 1 1999

ADVERSE EVENT REPORTING SYSTEM

2. Phone number

3. Report source (check all that apply)
- ☐ foreign
- ☐ study
- ☐ literature
- ☐ consumer
- ☐ health professional
- ☐ user facility
- ☐ company representative
- ☐ distributor
- ☐ other: ____

4. Date received by manufacturer (mo/day/yr)

5. (A)NDA # ____
IND # ____
PLA # ____
pre-1938 ☐ yes
OTC product ☐ yes

6. If IND, protocol #

7. Type of report (check all that apply)
- ☐ 5-day ☐ 15-day
- ☐ 10-day ☐ periodic
- ☐ Initial ☐ follow-up # ____

8. Adverse event term(s)

9. Mfr. report number

E. Initial reporter

1. Name, address & phone #

NOV 19 1999

2. Health professional?	3. Occupation	4. Initial reporter also sent report to FDA
☐ yes ☐ no		☐ yes ☐ no ☐ unk

Submission of a report does not constitute an admission that medical personnel, user facility, distributor, manufacturer or product caused or contributed to the event.

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B. Adverse event or product problem

B.5 Describe event or problem (Cont...)

confused and hallucinating. His liver function studies included: ammonia, 90 mcg/dL; LDH, 1580 lU/L; ALT, 1305 lU/L; and AST, 2290 lU/L. He was started on lactulose. His respiratory status declined and he was intubated and placed on a ventilator. By the third day of hospitalization, his ammonia had dropped to 55 mcg/dL from a peak of 117 mcg/dL and clinically he was improving. He extubated himself but his respiratory status declined off the ventilator and he was re-intubated. He completed the 18 dose course of N-acetylcysteine. His ammonia began to increase (90 mcg/dL) and his respiratory status further declined. Chest x-ray was consistent with Adult Respiratory Distress Syndrome. He expired on the seventh day of hospitalization.

B.6 Relevant tests/laboratory data, including dates (Cont...)

Lab Result :

Sl.No.	Test date	Test name	Test result	Normal value
1	??/??/93	ALANINE AMINOTRANSPERASE	1305 IU/L (international unit/liter)	
		AMMONIA	90 mcg/dL (microgram/decili-ter)	
		AMMONIA (third day of hospitalization)	55 mcg/dL (microgram/decili-ter)	
		AMMONIA	117 mcg/dL (microgram/decili-ter)	
		ASPARTATE AMINOTRANSFERASE	2290 IU/L (international unit/liter)	
		BLOOD GAS PCO2	38 mmHg (millimeter mercury)	
		BLOOD GAS PO2	57 mmHg (millimeter mercury)	
		BLOOD GAS O2 SATURATION	91 % (percent)	
		LACTIC DEHYDROGENASE	1580 IU/L (international unit/liter)	
		PH	7.45	

C. Suspect medication (Cont...)

Seq No.	: 2
C.1 Suspect medication	: TYLENOL W/CODEINE NO. 3(tablet)(ACETAMINOPHEN/CODEINE)
Approval information	
ANDA #	: 85-055

G. All manufacturers

8. Adverse event term(s)

6) STUPOR

Source of report (Literature):

Seq No.	: 1
Author	: Toby Litovitz
Journal title	: 1993 Annual Report of the American Association of Poison Control Centers National Data Collection System
...ar	: 94
...n	: 12(5)
...mber	: From 546 To 515
...title	: American Journal of Emergency Medicine